

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097530970		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		3				TOTAL IND.		
TOTAL DEP.	19		12				TOTAL DEP.		
TOTAL CLAIMS	21		15				TOTAL CLAIMS		